

HRBA and Gender related activities in the Tanzanian German Programme to Support Health (TGPSH)

TGPHS is a joint programme of all the German Development Partners. It aims at supporting the health sector reform in Tanzania in achieving its goal “to improve the health and well-being of all Tanzanians with a focus on those at most risk and to encourage the health system to be more responsive to the needs of the people”. TGPSH contains 6 respectively 4 components: Reproductive Health Component and Multisectoral AIDS Control Component (MACC) (these both will be merged to one component at the end of 2009), District Health Quality Management (DHQM) and Public Private Partnership (PPP) (these components will be merged as well), Health Financing and Human Resources for Health Component.

Topic / Area	Activities	Effect	Component
Gender and HRBA focal persons	Appoint a gender and a HRBA focal person	n/a	Programme Manager
	Gender and HRBA focal persons can be invited to all Component meetings taking place twice a year to provide input on Gender / HBRA	ongoing	Programme Manager and Component leaders
	The gender and HRBA focal persons should initiate and moderate regular discussions about gender and HR topics within the TGPSH at staff meetings; quartely report in the Management Team Meeting (MTM) referring to the status quo of the activities listed in this matrix should be provided	Immediate	Gender and HBRA focal persons
	Relevant gender and HR recommendations into the annual achievement agreements of staff members for each component are included	Annually	Programme Manager and Component leaders
Consideration of Gender and Human Rights in the context of employment	Include Gender and HR know-how explicitly in the terms of reference for jobs / consultancies <i>where it is of relevance</i> and GTZ can influence this	ongoing	Programme Manager and Component leaders
	Develop a checklist about when and how including Gender and HBRA into TOR for jobs, consultancies, interns, and studies	asap	Gender and HBRA focal persons
	Apply this Gender-HBRA-checklist	June	Programme Manager and Component leaders

	Make gender equality an explicit selection criterion for participation in trainings and studies wherever GTZ can influence this	ongoing	Programme Manager and Component leaders
	Maintain the gender and equal opportunities policy for employment and promotion of TGPSH staff	ongoing	Programme manager
	Assisting for a more strategic choice of participants to the InWent/WHO e-learning course on health and human rights and in other courses, cooperation with Inwent	Immediate	Human Resource Component
Cooperation with Development Partners and NGOs	Share experiences and strengthen TGPSH gender advocacy with Development Partners	ongoing	Component leader of the Reproductive Health Component and MACC and gender focal person
	TGPSH as a co-opted member should join the DPG on gender. If getting aware of useful sub-working groups join them as well.	Attend the next three meetings as a guest and then decide if and how to continue	Component leader of the Reproductive Health Component and MACC and gender focal person
	Enhance networking with other development partners and NGOs working on gender, HR and health issues in order to learn from them and exchange experiences.	15th of August	Gender and HBRA focal persons
	Use existing fora for Mainstreaming, e.g. Aids Business Coalition Tanzania (ABCT), Tanzania Network of Community Health Fund (TNCHF) etc. including insitutional networks (e.g. GTZ sector network)	15th of August	Gender and HBRA focal persons
	Study and explore the Tanzanian AIDS Act for its potential to promote human rights and advocate for further expansion of human rights (e.g. revision of the legislation)	ongoing	Reproductive Health Component and MACC

Cooperation with the Ministry of Health and Social Welfare (MoHSW) of Tanzania	Support the MoHSW in establishing an accreditation system as planned, and advocate for including aspects of gender relevance like the quality of maternal health care or the presence of an equal opportunities policy for staff or the consideration of HR in the accreditation criteria for health facilities.	asap	DHQM and PPP
	Use the MoHSW checklist on integrating gender into Health Sector Strategic Plan III (HSSP III 2009-2015: guide for strategic planning at sub-national levels and for annual planning) as a reference document in order to align TGPSH gender mainstreaming to the Tanzanian government priorities	asap	Gender focal person
	Support the MoHSW in further adapting and implementing the WHO tool on gender mainstreaming in HIV/AIDS counseling and treatment in the Tanzanian context; cooperation with WHO is recommended	ongoing	Reproductive Health Component and MACC
	Consider advocating for certain legal changes, e.g. in cooperation with GTZ/PMO-RALG (Prime Minister Office Regional Administration and Local Government), i.e. with SULGO ("Support to Local Governance Processes Tanzania" programme jointly implemented by GTZ and PMO-RALG), Health Population Initiative (US-G) and/or other actors	ongoing	HBRA focal person and component leader of reproductive health component and MACC
Monitoring, Evaluation and sex-disaggregated data	Consider HR aspects and gender sensitivity and impact on gender equality and include it systematically in planning, monitoring and evaluation , e.g. take care that Gender and HRBA aspects as indicators are considered and included in the Health Management Information System (national data collection system)	asap	M&E expert
	Gender and HBRA have to be part of our Programme Progress Report (GTZ tool) and of our annual reporting (Results-Bases-Monitoring)	ongoing	Programme Manager and Component leaders

	Use computerization of hospitals to collect sex-disaggregated data on patients and subsequently evaluate data in order to find out more about sex-specific health problems and treatment and possible gender imbalances in hospital accessibility. Strengthen their reporting as well.	Immediate	DHQM and PPP
	Collect sex-disaggregated data on people registered in CHF's and on those renewing the inscription in order to find out about equity in using the system. Link it with the Health Management Information System (national data collection tool)	Ongoing	Health Financing
	Advocate for collection of sex-disaggregated data on participants in modular training courses with the purpose of developing measures to achieve gender balance among participants. Therefore, cooperate with Inwent	May	Human Resource Component
Maternal Mortality	Make Maternal Mortality a high priority topic as the Maternal Mortality rate still remains persistently high. Reduction of Maternal Mortality Rate is one of the Tanzanian Governments mentioned in the Health Sector Strategic Plan III (2009-2015) and in the Vision 2025 (declaration providing direction and a philosophy for long-term development) as well.	ongoing	Programme manager
	Maternal mortality should be discussed as a cross-cutting issue between the Repro/MACC, DHQM, Health Financing and PPP components, jointly thinking about steps forward. to which most components can contribute and support activities aiming at a decrease of Maternal Mortality		
	Closely linked to the "Working Group 1 Repro/MACC" focusing on "Increased use of selected quality sexual and reproductive health and HIV/AIDS services at all levels": Pick it up and do brainstorming on this issue in the next Working Group-Meeting and develop way forward	Next working group meeting	Reproductive Health Component and MACC
	Repro could closely work together with the Health Financing Component in expanding the insurance system project in Mbeya (addressing maternal mortality; Mbeya as pilot area)	asap	Programme Manager

Put the topic of Maternal Mortality as a standing point on the Management Team Meeting agenda	done / ongoing	IEC person
Hold a stakeholder-meeting including the counterparts to identify innovative means and the way forward to approach maternal mortality	asap	Programme Manager + trainee/intern
Conduct operational research on ways to address socio-cultural barriers for pregnant women to use professional services for delivery. Afterwards think about developing activities based on these results	next phase	Reproductive Health Component and MACC
Discuss the possibilities of improving infrastructure for transport to the hospitals and health facilities. Consider the feasibility of providing community based birth attendants (skilled personel) with mobile phones for emergency communication. After discussion write a proposal to be shared with all colleagues involved and discuss this with the Tanzanian Ministry of Health and Social Welfare	Provide the proposol in the Management Team Meeting in May	Reproductive Health Component and MACC together with DHQM/ PPP and Health Financing
Follow-up he feasibility of using CHF resources or creating an extra fund for the availability of emergency transport to hospitals as a means of reducing risks of labour-related complications, among other emergencies (piloting is going in Tanga in cooperation with Agha Khan hospital).	Ongoing	Health Financing
Consider advocating for change of hospital regulations so as to allow pregnant women to be accompanied by a female friend or relative at the time of delivery, at least where hospital capacity of labor rooms allows without violating the right of privacy of other women in labor. Pilot in one hospital	next phase	(Balthazar)

	Discuss the possibility of introducing incentives in order to motivate hospital midwives to be accommodating and friendly. Remember that midwives are part of the process, but not the only ones. So motivational incentives have also to consider other actors who help midwives to perform their duties successfully. Idea: Quality Circle to improve delivery services at hospitals involving people outside the hospital (has to consider use and linkage with Traditional Birth Attendants)	ongoing	DHQM
	Discuss the possibility of introducing incentives for Traditional Birth Attendants (TBA) to refer pregnant women to the hospital, or even to start a pilot project cooperating with TBAs and allowing them to attend women from their village in hospital during delivery. Therefore, check relationship / linkage between Community Based Distributors (CBDs) and TBA within the village and if training might allow TBAs to be excepted in the delivery room.	One year	Reproductive Health Component
Gender-based violence	Initiate and support a medical students' research on gender-based violence at the workplace in the health sector in order to find out about the prevalence of gender-based violence as well as in order to sensitize students for this issue.	asap	DHQM and PPP
	Gender-based violence should be discussed as a cross-cutting issue between the Repro, HIV/AIDS and DHQM components during their next meeting; the components should think about steps to include this topic in their activities and develop a way forward	Next Component Team Meeting	Reproductive Health Component and MACC
	Conduct operational research on the incidence of sexual corruption and harassment at the workplace; collaborate with International Labour Organisation Geneva	next phase	Reproductive Health Component and MACC
	Consider cooperating with legal aid NGOs for advice on sexual harassment at the workplace; collaborate with International Labour Organisation (ILO) Geneva	next phase	Reproductive Health Component and MACC

	Discuss the topic of sexual corruption and harassment in Workplace Programme trainings for public and private sector. This issue already comes up during the trainings but it's not formalized yet. Before revising the curriculum a study is need; could be done in cooperation with SULGO (Support to Local Governance Processes Tanzania)	next phase	Reproductive Health Component and MACC
	Advocate the topic of forced sex and sexual violence in counselling sessions with teachers; sensitise teachers and heads of schools on the occurrence of sexual abuse and their responsibilities and possible contributions to making the school a safe environment especially for girls	asap	Reproductive Health Component and MACC
	Assess if health practitioners are trained to recognize signs of sexual violence and if they feel competent to speak about this to their patients; where possible, i.e. wherever we have influence on the training curriculum, make the aspect of recognizing and thematising sexual violence an aspect of discussions and assessments regarding quality health care	ongoing	DHQM and PPP
	Assess available studies on gender based violence and HIV/AIDS and identify ways to integrate this issue into HIV/AIDS activities of the component	ongoing	Reproductive Health Component and MACC
	Assess the inclusion of the topic 'gender-based violence' in the MPH curriculum; and if applicable consider advocating for more explicit inclusion (existing tools from WHO might be considered).	asap	Human Resource Component
Legal aid services	Include brief information on organizations providing legal aid services in the information and education materials for peer education in sexual and reproductive health at the next revision or production of relevant publications	Next phase	Reproductive Health Component and MACC
	Develop a list of organizations providing legal aid services including information from the regions	June	Reproductive Health Component and MACC

	Explore the potential and develop ways of creating links between reproductive health services and organizations providing legal aid services at local level (the same may be considered for school and workplace programmes). Therefore, consult WHO on how they approach this issue and then try to link it with gender equality	asap	Reproductive Health Component and MACC
	As a first step this issue should be discussed during the next Repro/MACC-meeting	Next Component Team Meeting	Reproductive Health Component and MACC
Early pregnancies	Conduct a study on early pregnancies and the prevalence of sexual violence at schools; discuss results for way forward.	ongoing	Reproductive Health Component and MACC
	On the basis of a study about early pregnancies in schools advocate for change of the practice expelling pregnant school girls from school and support respective NGO movement	ongoing	Reproductive Health Component and MACC
Emergency Oral Contraception (EOC)	Finalize the study about EOC in Tanga region and share the results with the Head of Sexual and Reproductive Health Section of the Tanzanian Ministry of Health	asap	Reproductive Health Component
	Continue dialogue with the Tanzanian Ministry of Health on the provision of emergency contraception. Advocate for making emergency contraception widely available and consider how this could be supported by TGSPH.	asap	Reproductive Health Component and MACC
	Make sure that EOC is included in the agenda when reviewing the Adolescents Reproductive Health Strategy (national policy paper)	3rd week of April, ongoing	Reproductive Health Component and MACC
	Take this topic up in the Community Based Distributors curriculum so that they get trained on EOC	done	Reproductive Health Component and MACC
Male involvement	Continue efforts to strengthen male involvement in PMTCT (prevention of mother to child transmission); share experience with other development partners. A cooperation with Charite Berlin is recommended	ongoing	Reproductive Health Component and MACC

	Continue to train and support Community Based Distributors (CBDs) in order to make family planning services more accessible for men - the topic Male involvement has been included in the package of CBD training materials and advocacy in SRH / HIV/Aids / Gender. Moreover, consider promoting and discussing male-involvement among DPs	ongoing	Reproductive Health Component and MACC
Health care ethics initiative	Strengthen and continue the health care ethics initiative	Ongoing	DHQM and PPP
	Strengthen the health care ethics initiative by addressing a clients' rights perspective in the quality improvement and management process. Continue to advise on and sensitize for ethics in health care, including staff attitude in general, and in particular the importance of receiving and treating pregnant mothers well before, during and after delivery, in order to raise the number of professionally attended births. As a first step an operational study is needed.	next phase	DHQM and PPP
	Try to initiate medical ethics, human rights as crosscutting issue in health, and the right to health as topics for presentation during the Quality Health Conference 2010	Immediate/n ext year	DHQM and PPP
	Adapt the Client-Charta to hospital level and upload it to the TGPSH website - to be presented in the next year conference	Immediate / next year	DHQM and PPP
Service Agreements (SA) (contractual agreement between government and private service providers)	Where feasible, continue to advocate for making mother and child health priority issues of PPP agreements, as the Service Agreements are already oriented on this issue.	Ongoing	DHQM and PPP
	Consider if and how the availability and accessibility of family planning services may be improved through PPP and develop a concept	ongoing	DHQM and PPP
	Continue to support Community Health Service Boards (CHSB) and Facility Governing Committees, with regards to improving their functionality and strengthening their contribution to make health services gender-sensitive and more accessible.	In 2009 start with introducing the SA to CHSB	DHQM and PPP

Community Health Funds (CHF)	Conduct operational research on current use and administration of the CHF and its effects on equity in access to health care, as well as the effects of different forms of enrolment (group vs. household or individual enrolment)	Ongoing	Health Financing
	Intensify capacity building activities by enabling the involvement of CHF members in budget monitoring mechanisms. Therefore, link trainings of Health Financing with PPP trainings on capacity to monitor (CHSB + Health Facility Governing Committees (HFGC)) budgets. Moreover, link with Community Based Health Initiative in Dodoma and train representatives on the budget.	Ongoing	Health Financing
	If research findings confirm enhanced access for women through individual registration cards, consider advocating for introduction of individual (rather than household) cards in other regions.	ongoing	Health Financing
	Consider advocating for maternal and child health to be made priorities for the use of CHF funds, incorporate the issue when doing advocacy in the trainings.	Ongoing	Health Financing
	Continue to provide trainings at local level for CHSBs, including sensitisation for gender-balanced representation of CHF users as according to the CHSB regulations. Advocate for and strengthen meaningful and gender balanced participation of community representatives in local health structures and decision making processes.	ongoing	Health Financing
Gender equality and women empowerment	Continue to develop and implement the innovative supervision approach, keeping in mind its potential relevance for gender equality, women empowerment, and HR in the health sector, and share positive experiences and lessons learned with partners.	ongoing	DHQM and PPP
	Continue to support life-skills education for adolescents aimed at gender-balance and strengthening girls, complete the development of a self learning guide	June	Reproductive Health Component and MACC

	Continue to initiate and strengthen discussion on gender equality in peer education, theatre and cooperation with traditional initiators. One way of doing so is to included the topic of gender in all refresher-trainings of out of school peer educators, Theatre for Development Groups, and Traditional initiators	done / ongoing	Reproductive Health Component and MACC
Courses and Learning Materials on Gender and HRBA	(Re)assess the human rights and gender orientation of the existing curriculum of the modular course; cooperate with Inwent	May	Human Resource Component
Gender-specific movement patterns	Conduct (operational) research on gender-specific movement patterns of health personnel to find out its impact on the availability of human resources for health services (check Lindi situation)	Next phase	Human Resource Component
Disabled people	Include disabled people in the work of TGPSH. Identify concrete issues how to address and how to strengthen the rights of disable peple within the ongoing activities of TGPSH (e.g. a Questions & Answer booklet on albinos, enhance fistulae repairs, etc.)	develop ideas asap: implementin g next phase	Human Rights Focal Person together with CL